

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/567536

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29	1					
30		1				
31		2				
32		1				
33	1					
34		1				
35		1				
36		1				
37		1				
38		1				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		2				
46		2				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60	1					
61		1				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68		1				
69		1				
70		1				
71		1				
72		1				
73		1				
74		1				
75		1				
76		1				
77		1				
78		1				
79		1				
80		1				
81		1				
82		1				
83		1				
84		1				
85		1				
86		1				
87		1				
88		1				
89		1				
90		1				
91		1				
92		1				
93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		2				
100		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1				
102		1				
103		1				
104		2				
105		1				
106		2				
107		2				
108		1				
109		1				
110		2				
111		1				
112		1				
113		1				
114		1				
115		1				
116		①				
117		1				
118		1				
119		1				
120		①				
121		2				
122		2				
123		2				
124		2				
125		2				
126		①				
127		①				
128		2				
129		①				
130		①				
131		2				
132		2				
133		2				
134		2				
135		1				
136		2				
137		2				
138		2				
139		2				
140		2				
141		2				
142		2				
143		2				
144		2				
145		2				
146	1					
147		2				
148		2				
149		2				
150		2				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151		2				
152		2				
153		2				
154		2				
155		2				
156		①				
157		①				
158		2				
159		2				
160		2				
161		2				
162	1					
163		1				
164		1				
165		1				
166		1				
167		①				
168		2				
169		2				
170		2				
171		2				
172		2				
173		①				
174		①				
175		1				
176		1				
177		1				
178		1				
179		1				
180		1				
181		1				
182		1				
183		1				
184		1				
185		1				
186		1				
187	1					
188		1				
189	1					
190		①				
191		1				
192		1				
193		1				
194		1				
195		1				
196		1				
197		1				
198		1				
199		1				
200		1				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/567536	FILING DATE
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
201		1					251	1
202		1					252	1
203		1					253	2
204		1					254	1
205		1					255	1
206		1					256	1
207		1					257	1
208		1					258	1
209		1					259	2
210		1					260	2
211		1					261	2
212		1					262	2
213		1					263	2
214		1					264	2
215		1					265	2
216		1					266	
217		1					267	
218		1					268	
219		1					269	
220		1					170	
221		1					171	
222		1					172	
223		1					173	
224		1					174	
225		1					175	
226		1					176	
227		1					177	
228	1						178	
229		1					179	
230		①					180	
231							181	
232		1					182	
233		1					183	
234		1					184	
235		1					185	
236		1					186	
237		1					187	
238		1					188	
239		1					189	
240		1					190	
241		1					191	
242		1					192	
243		1					193	
244		1					194	
245		1					195	
246		1					196	
247		1					197	
248		1					198	
249		1					199	
250		1					200	
TOTAL IND.		↓		↓		↓	TOTAL IND.	12 ↓
TOTAL DEP.		←		←		←	TOTAL DEP.	327 ←
TOTAL CLAIMS							TOTAL CLAIMS	339

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